## 11030644581

FEC FORM 1

## STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	" I	
AMERICAN P	REIDIEI PIACI				
ADDRESS (number and street)	ADDRESS (number and street) 3 1 4 5   P   E   B   B   L   E   B   E   A   C   H   R   D   1 #   9				
(Check if address		111111			
is changed)	CIO NIWIAIYI I I		AIR 71210	21314]-	
	Cı	тү	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-m	ail address)			
(Check if address	prime empo	simiitihioigimai	11. COM		
is changed)	<u> </u>	0	<del>-                                      </del>		
COMMITTEE'S WEB PAGE-ADD	DRESS (URL)	The section of the se		· · · · · · · · · · · · · · · · · · · ·	
(Check if address is changed)	who have a second				
2. DATE 07 25 20 C/					
3. FEC IDENTIFICATION NU	UMBER Coc	492124			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined th	nis Statement and to the best o	f my knowledge and belief it	is true, correct and co	mplete.	
Type or Print Name of Treasurer Princella Smith					
Signature of Treasurer	medlet	) AAL	Date 67	LS 2011.	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Wild Mark Conly		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on FE	EC FORM 1 Revised 02/2009)	

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		COMMITTEE	
Cen	didate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	e the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			mocratic, publican, etc.) Party.
Polit	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	eted organization is a
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association	cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
		In addition, this committee is a Lobbyiat/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

1		l
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Write or Type Committee Name	•	
AMERICAN Prince	· lac	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
MONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in pos	session of committee
Full Name PRI	NICIEICKAI SIMITITHIII	لتبيي
Mailing Address	311 451 PEBBIRILIE BEALCH RD #19:	
	CIOINIWAIYI AIR 71210	13.14 -
Title or Position	CITY STATE	ZIP CODE
TIRIEIRISIURIEIRI	Telephone number 770-6	135-7101412
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nar assistant treasurer).	me and address of
Full Name of Treasurer	NICIEILILIA ISIMITITINI IIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Mailing Address	31145   FIEIBIBILIEI   BIEIAICHI   RIDI   #191   1	
	CITY STATE	3.4 ZIP CODE
Title or Position  T: R: E: A: S: V: R: E: R:		1315-7101412
· MEINININIER	Telephone number 8 17 10 - 6	217 [110116]

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Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position	<u>i i i i i i i i i i i i i i i i i i i </u>	phone number	J-L
safety deposit boxes or Name of Bank, Deposite			ds, holds accounts, rents
Mailing Address	GOS 114 HIST REET WIL	<u>/                                    </u>	
<b>.</b>		<u> </u>	
	WASIFIENGTON	سا لماها ا	2101010151-
	CITY	STATE	ZIP CODE
Name of Bank, Deposite	ory, etc.		-
L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1111111	
	1		
Mailing Address			
Mailing Address			
Mailing Address			

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
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USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
gr-	8/3/11
PRÉPARER (3/2005)	DATE PREPARED